

Department of Social and Health Services

**DP Code/Title: PL-EQ In-Home Nurse Delegation**

**Program Level - 040 Div of Developmental Disabilities**

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Budget Period: 2003-05    Version: 11    2003-05 Agency Request Budget

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**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) is proposing request legislation to expand nurse delegation to in-home care settings. This proposal is designed to meet the increased demands for the elderly and people with disabilities can receive nursing tasks in their own homes. Under this proposal, more clients will be able to receive nursing tasks for stable conditions in their home. This will improve the quality of care, result in less risk to the client and the department, allow people to remain in the care setting of their choice, and delay or prevent more costly residential placement.

**Fiscal Detail:**

**Operating Expenditures**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Program 040</b>			
001-1 General Fund - Basic Account-State	390,000	526,000	916,000
001-C General Fund - Basic Account-DSHS Medicaid Federal	290,000	428,000	718,000
<b>Total Cost</b>	<b>680,000</b>	<b>954,000</b>	<b>1,634,000</b>

**Staffing**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Annual Avg</u></b>
<b>Program 040 FTEs</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>

**Package Description:**

Nurse delegation is an existing practice that allows registered nurse to delegate certain nursing tasks to people who have been trained in the proper execution of these tasks. In recent years, the practice of nurse delegation has been successfully implemented in community-based care settings, including boarding homes and adult family homes. Nurses are restricted to delegating only to registered or certified nursing assistants under 18.88A RCW.

This decision package and accompanying request legislation seek to expand nurse delegation to the in-home care setting. Clients with stable medical conditions that require nursing care on a routine basis will be able to select nurse delegation as a means to receiving these services in their own homes. Currently, clients who are unable or unwilling to supervise the task themselves, who do not have a family member who is able to do the task, or who are unable to find or afford nurses to provide direct care are forced to relocate to a licensed facility to receive nursing care, or go without care. Nurse delegation in home settings will expand client choice, promote client safety, and avoid unnecessary residential placements.

The department proposes implementing the expansion similarly to the way the practice was expanded to community-based care settings, as follows. Only registered nurses who have completed the nurse delegation training may contract with the department to delegate services for DSHS clients. Registered nurses may then only delegate nursing tasks in the in-home setting to either certified or registered nursing assistants. Nurses will be required to monitor the ongoing care with the same frequency that they are required to currently maintain in community-based care settings. Nurses will also retain the discretion to delegate tasks only to those believed is competent to perform the necessary tasks, and nursing assistants retain the right to refuse to provide medical services if there are concerns about the clients health and safety.

To implement the request, the Division of Developmental Disabilities (DDD) will need to hire one additional FTE to manage the recruitment, training, and contracting of registered nurses. DDD will also require additional funding to pay for the contracts with registered nurses, and to pay the registration fees, and training costs for those individual or agency providers that will provide the nursing assistant services.

**Narrative Justification and Impact Statement**

*How contributes to strategic plan:*

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In-home nurse delegation will support and strengthen the division's goal to emphasize a flexible service delivery system for clients, enabling people to remain in their own homes and communities whenever possible. It promotes the goals of client choice and effective and prudent use of resources by strengthening the in-home care service option.

***Performance Measure Detail***

**Program: 040**

**Goal: 03D Design/maintain system of residential supports and services**

**Incremental Changes**

**FY 1**

**FY 2**

**Output Measures**

3DD Provide Nurse Delegation to those individuals needing nursing services in an in-home setting.

563

1,238

***Reason for change:***

Over 13,000 DDD clients receive services in their own homes. Those with need for frequent nursing tasks often are without an important option that would be available to them if they were in adult family homes or boarding homes. The same safety limitations and quality controls, combined with the reliance on professional nursing judgment, makes nurse delegation equally viable as a cost-effective option in-home. The overall nursing shortage requires the flexibility for nurses to delegate, train, and supervise others, rather than provide care directly if the demand is to be adequately met. Without this option clients may receive substandard care, delay or go without care, or be forced into a residential care setting where nursing care or nurse delegation is available.

***Impact on clients and services:***

Clients will have the opportunity to choose to receive delegated nursing services in their own homes. This will increase the options available to them and provide a safer means of providing nursing tasks than they may have received in the past.

***Impact on other state programs:***

DSHS: Impacts AASA budget and services to clients by that administration. Impacts DDD budget and services to clients by that division. Some Children's Administration and Mental Health Division clients may also be affected.

Department of Health: DOH will be required to adjust the licensing status of home care agencies, and will see an increase in the number of persons seeking registration as a nursing assistant.

***Relationship to capital budget:***

None

***Required changes to existing RCW, WAC, contract, or plan:***

RCW 70.127: Requires amending to allow home care agencies to provide limited medical services.

RCW 18.79: Requires modification of the Nurse Practice Act to allow for delegation into in-home care settings.

RCW 18.88A: Requires modification of the Nursing Assistant Practice Act to allow for delegation into in-home care settings.

***Alternatives explored by agency:***

Other options included expansion only to agency providers or individual providers contracting independently with clients.

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These options were rejected because either proposal would limit the number of clients who could benefit from the from the program.

***Budget impacts in future biennia:***

Costs may increase as demand for the nurse delegation services increases and as the elderly population increases. These costs are offset by the savings that would result from avoiding unnecessary residential care placements, avoiding unnecessary hospitalization caused by unlicensed, unmonitored administration of medicine and other tasks, and by allowing quicker discharge from hospitals and nursing homes back to in-home settings.

***Distinction between one-time and ongoing costs:***

There are minor one-time costs associated with the new FTEs such as equipment purchases. All other costs are ongoing.

***Effects of non-funding:***

Costs may increase as demand for the nurse delegation services increases and as the elderly population increases. These costs are offset by the savings that would result from avoiding unnecessary residential care placements, avoiding unnecessary hospitalization caused by unlicensed, unmonitored administration of medicine and other tasks, and by allowing quicker discharge from hospitals and nursing homes back to in-home settings.

***Expenditure Calculations and Assumptions:***

Accounting for projected caseload growth, DDD expects to be serving 13,386 in-home clients. Of that total it is assured that, 40 percent or 5,354 clients have relative providers and would not require nurse delegation services. Of the remaining clients, 14 percent (1,125 clients) are expected to receive nurse delegation services. This projection is based on the assumption that the in-home nurse delegation usage rate will be half of the rate currently used by residential program clients.

See attachment - DDD PL-EQ In-home Nurse Delegation.xls

<b><u>Object Detail</u></b>	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Program 040 Objects</b>			
A    Salaries And Wages	224,000	224,000	448,000
B    Employee Benefits	50,000	50,000	100,000
E    Goods And Services	68,000	35,000	103,000
G    Travel	14,000	14,000	28,000
N    Grants, Benefits & Client Services	317,000	624,000	941,000
T    Intra-Agency Reimbursements	7,000	7,000	14,000
<b>Total Objects</b>	<b>680,000</b>	<b>954,000</b>	<b>1,634,000</b>

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**DSHS Source Code Detail**

Program 040		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	390,000	526,000	916,000
<i>Total for Fund 001-1</i>		<b>390,000</b>	<b>526,000</b>	<b>916,000</b>
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	152,000	303,000	455,000
19UL	Title XIX Admin (50%)	138,000	125,000	263,000
<i>Total for Fund 001-C</i>		<b>290,000</b>	<b>428,000</b>	<b>718,000</b>
<b>Total Program 040</b>		<b>680,000</b>	<b>954,000</b>	<b>1,634,000</b>